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| DRUG-FREE WORKPLACE POLICY |
| [COMPANY NAME] |

\*\*\*This document is a sample of what a drug-free workplace policy should consist of and each section can be modified as needed. \*\*\*

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**Contact Information**

**COVERED ESTABLISHMENT**

Company name: Click here to enter text.

Street address: Click here to enter text.

Mailing address: Click here to enter text.

Phone number: Click here to enter text.

**policy contact**

Contact name*:* Click here to enter text.

Contact title: Click here to enter text.

Contact phone number: Click here to enter text.

**Locations Covered**

Location 1: Click here to enter text.

Location 2: Click here to enter text.

Location 3: Click here to enter text.

**PURPOSE AND GOAL**

**[COMPANY NAME]** is committed to protecting the safety, health and well-being of all employees and other individuals in our workplace. Alcohol abuse and drug use pose a significant threat to our goals and we have established a drug-free workplace program that balances our respect and concern for individuals with the need to maintain an alcohol and drug-free environment.

• This organization encourages employees to voluntarily seek help with drug and alcohol problems.

**APPLICABILITY**

Our drug-free workplace policy applies whenever anyone is representing or conducting business for the organization. Therefore, this policy applies to all employees during all working hours, whenever conducting business or representing the organization; while on call, paid standby, while on organization property and at company-sponsored events.

**PROHIBITIONS**

\*\*ADVISORY NOTE: it is strongly suggested that employers address prescription medication use, medical marijuana use and recreational marijuana use in the workplace, whether they prohibit the use or not, a clear statement should be made regarding potential consequences, including termination, for use of substances at work/on Company property and should be reflected on the employment application and any/all employment policies. \*\*

**It is a violation of our drug-free workplace policy to**:

* use, possess, sell, trade, and/or offer for sale alcohol, illegal drugs or intoxicants while at work or representing the company,
* use, possess, sell, trade, and/or offer for sale medical marijuana while at work or representing the company
* use of unauthorized prescription medications while at work or representing the company (unauthorized means not prescribed to you by a medical doctor)
* to intentionally misuse and/or abuse prescription medications while at work or representing the company
* operate or be in control of any company-owned motor vehicle while under the influence of any substance of use that can cause impairment, including but not limited to prescription medications and medical marijuana.

Prescription and over-the-counter drugs are not prohibited when taken in standard dosage and/or according to a physician's prescription.

* Any employee taking prescribed or over-the-counter medications will be responsible for consulting the prescribing physician and/or pharmacist to determine whether the medication may interfere with safe performance of his/her job. If the use of a medication could compromise the safety of the employee, fellow employees or the public, it is the employee's responsibility to use appropriate personnel procedures (e.g., call in sick, use leave, request change of duty, notify supervisor, notify company doctor) to avoid unsafe workplace practices.
* While Maine law expressly prohibits employees from being discriminated against for lawfully engaging in conduct involving the medical use of marijuana, the law does not require the accommodation of an employee’s ingestion of medical marijuana in the workplace or the permission of an employee to work while under the influence of medical marijuana. As with prescription medications, it is the employee’s responsibility to use appropriate personnel procedures if he/she is not able to perform his/her job safely.

**Consequences of violating policy:**

We encourage employees to voluntarily seek help with alcohol and/or drug problem. If, however, an individual violates the policy, the consequences are serious.

* Applicants: if he or she violates the drug-free workplace policy, the offer of employment will be withdrawn. The applicant may reapply after one year and must successfully pass a pre-employment drug test (if applicable).
* Employees: if he or she violates the policy, the employee will be subject to progressive disciplinary action and may be required to enter rehabilitation and/or a treatment program. An employee required to enter rehabilitation that fails to complete the program successfully and/or repeatedly violates the policy will be terminated from employment. Nothing in this policy prohibits the employee from being disciplined or discharged for other violations and/or performance problems.
	+ If the use of medical marijuana impairs the ability of an employee to carry out assigned responsibilities and/or endangers the safety of employees or others, the employee may be removed from the work site and may be subject to discipline, up to or including termination.
	+ any employees in violation of the drug-free workplace policy may be subject to probable cause drug testing as described in our approved substance use testing policy **[see Appendix A]**
	+ if an employee is found to be impaired by any substance while on duty, it will be considered a safety infraction. This may result in disciplinary action, up to and including termination.

**SUBSTANCE USE TESTING (Optional)**

**TESTING POLICIES:** See separate Substance Use Testing Policy and Procedures in Appendix A

**RETURN TO WORK AGREEMENTS (Optional)**

Following a violation of the drug-free workplace policy, an employee may be offered an opportunity to participate in rehabilitation and/or treatment. In such cases, the employee must sign and abide by the terms set forth in a Return-to-Work Agreement as a condition of continued employment. **[see Appendix B]**

**ASSISTANCE (Optional)**

**[COMPANY]** recognizes that alcohol and drug abuse and addiction are treatable illnesses. We also realize that early intervention and support improve the success of rehabilitation/treatment. To support our employees, our drug-free workplace policy:

* Encourages employees to seek help if they are concerned that they may have a drug and/or alcohol problem,
* Offers all employees assistance with alcohol and drug problems through the Employee Assistance Program (EAP) **[see Appendix C]**, - if applicable
* Allows the use of accrued paid leave while seeking treatment for alcohol and other drug problems,
* Treatment for alcoholism and/or other drug use disorders may be covered by the employee benefit plan. However, the ultimate financial responsibility for recommended treatment belongs to the employee. *(NOTE: Under the Maine Substance Use Testing Law, in certain cases, employers may be required to split costs above health insurance depending on size of company)*

**CONFIDENTIALITY**

All information received by the organization through the drug-free workplace program is confidential communication. Access to this information is limited to those who have a legitimate need to know in compliance with relevant laws and management policies.

**SHARED RESPONSIBILITY**

A safe and productive drug-free workplace is achieved through cooperation and shared responsibility. Both employees and management have important roles to play. All employees are required to report to work while not under the influence or while their ability to perform job duties is impaired due to on- or off-duty use of alcohol or other drugs.

In addition, employees are encouraged to:

* Be concerned about working in a safe environment
* Support fellow workers in seeking help.
* Use the Employee Assistance Program
* Report dangerous behavior to their supervisor

It is the supervisor's responsibility to:

* Inform employees of the drug-free workplace policy
* Remind employees periodically of policy compliance *(e.g. annually, quarterly, etc.)*
* Observe employee performance
* Investigate reports of dangerous practices
* Document negative changes and problems in performance
* Counsel employees as to expected performance improvement
* Refer employees to the Employee Assistance Program
* Clearly state consequences of policy violations

**COMMUNICATION**

Communicating our drug-free workplace policy to both supervisors and employees is critical to our success. To ensure all employees are aware of their role in supporting our drug-free workplace program: *EXAMPLES*

* *All employees will receive a written copy of the current policy,*
* *The policy will be reviewed in orientation sessions with new employees*
* *The policy will be reviewed again annually with employees (ex. during performance evaluation, annual training, etc.)*

**APPENDIX A: TESTING POLICIES AND PROCEDURES**

*Attach approved testing policy here, if applicable*

**APPENDIX B: RETURN TO WORK AGREEMENT**

This Return to Work Agreement is required because: (check all that apply)

[ ]  The employee tested positive for a substance of use.

[ ]  A supervisor referred the employee to the EAP or treatment due to declining job performance.

[ ]  The employee has violated a work rule that could result in termination.

[ ]  The employer is giving the employee a ‘last chance’ to work free of alcohol or drugs.

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The employee understands this is his/her last chance to address his/her problem with alcohol and/or other substances of use and must satisfactorily meet the organization’s expectations and standards. The employee understands that failure to comply fully with this agreement will result in IMMEDIATE termination.

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Signature of Employee Date

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Signature of Supervisor Date

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Signature of Union Representative (or other official) Date

**APPENDIX C: EMPLOYEE ASSISTANCE PROGRAM**

*Attach copy of EAP and/or EAP details here, if applicable*

**DRUG-FREE WORKPLACE POLICY ACKNOWLEDGEMENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read and understand the Drug-Free Workplace Policy of [Company] referring to the use and misuse of alcohol, illegal drugs or controlled substances, prescription medications, and medical marijuana during work hours. I understand that I must comply with this policy, as well as with federal and state laws, regulations and rules, and [Company’s] other policies and procedures that protect the health and safety of its employees, as a condition of my employment. I am aware that if I have any questions regarding these policies I should discuss them with my supervisor or a representative from Human Resources.

I will comply with these policy requirements in any format whether working on site or off-site.

I understand and agree that failing to comply with any of the policies or requirements mentioned in this statement, or violating a policy that relates to providing a drug-free workplace could lead to disciplinary action, up to and including termination of employment.

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Employee Signature Date

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Name (Please Print)

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Supervisor Signature Date